

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/672338		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
4		/		/		/	54				
5		/		/		/	55				
6		/		/		/	56				
7		/		/		/	57				
8		/		/		/	58				
9		/		/		/	59				
10		/		/		/	60				
11		/		/		/	61				
12		/		/		/	62				
13		/		/		/	63				
14		/		/		/	64				
15		/		/		/	65				
16		/		/		/	66				
17		/		/		/	67				
18		/		/		/	68				
19		/		/		/	69				
20		/		/		/	70				
21		/		/		/	71				
22		/		/		/	72				
23		/		/		/	73				
24		/		/		/	74				
25		/		/		/	75				
26		/		/		/	76				
27		/		/		/	77				
28		/		/		/	78				
29		/		/		/	79				
30		/		/		/	80				
31		/		/		/	81				
32		/		/		/	82				
33		/		/		/	83				
34		/		/		/	84				
35		/		/		/	85				
36		/		/		/	86				
37		/		/		/	87				
38		/		/		/	88				
39		/		/		/	89				
40		/		/		/	90				
41		/		/		/	91				
42		/		/		/	92				
43		/		/		/	93				
44		/		/		/	94				
45		/		/		/	95				
46		/		/		/	96				
47		/		/		/	97				
48		/		/		/	98				
49		/		/		/	99				
50		/		/		/	100				
TOTAL IND.	1		1		1		TOTAL IND.				
TOTAL DEP.	29		29		29		TOTAL DEP.				
TOTAL CLAIMS	30		30		30		TOTAL CLAIMS				